

An evaluation of prevalence rate of different kinds of acute myocardial infarction in the patients admitted in Ardabil Bouali Hospital during the past two years

ESC-ID 60

Author Mehri Seyed Javadi¹

Country Iran

Coauthor/s Dr. Adalat Hosseini², Sayideh Jameh¹, Masumeh Ghasemi¹

University ¹Bouali Hospital, Ardabil

²Ardabil University of Medical Sciences

Department Cardiology Section

Introduction:

Coronary heart disease, especially acute myocardial infarction (AMI) is the most common cause of death of human beings in the world today. In this survey, we studied the prevalence rate of different kinds of AMI from the point of location in our patients, that had admitted in Ardabil Bouali Hospital during the past two years (2004 – 2005).

Methods and materials:

This study was done in descriptive - analytic and prospective method. In that, 600 patients were studied after establishment of their diagnosis of AMI (by taking history, performing physical exam, taking serial ECG.s and checking cardiac serum enzymes), then the acquired data were gathered in special forms and analyzed by statistical methods. Findings: From 600 patients, 438 persons (73%) were men and 162 persons (27%) were women. The mean age of patients was 60.33 years (58.63 years in men and 65.06 years in women). From 600 patients, 311 patients (51.83%) had anterior AMI, 250 patients (41.67%) had inferior AMI and 39 patients (6.5%) had mixed inferior-anterior AMI.

Conclusion:

As mentioned above, the prevalence rate of AMI in men to women was about 2.7/1 (73% versus 27%) that it was according to the standard findings. Also, the mean age of men was lower than women, and the most prevalent kind of AMI was anterior type (51.83%), then the inferior (41.67%) and the last was mixed anterior and inferior type (6.5%).

Key words: Anterior acute myocardial infarction (Ant. AMI), inferior acute myocardial infarction (Inf. AMI), mixed type (Ant. and Inf. AMI).

Etiological specter, modern methods of conservative surgery treatment of endocarditis infectionis

ESC-ID 504

Author Nataliya Shatelen

Country Ukraine

University IGES AMS of Ukraine, Kharkov State Medical University

Introduction:

The actuality of the problem of endocarditis infectionis (EI) was raised significantly during the last years due to firmly growing trend of infected people number in most countries of the world. There have appeared a number of

new forms of EI, due to medical activity. Each new form of EI has its peculiarities in clinics, diagnostics and treatment. The problem of effective antibiotics usage deserves thorough research because of significant growth of EI stimulus resistance towards antibiotics and related growth of lethality percentage.

Methods:

The researches of the paper are based on the results of 401 bacteriological tests of patients with preliminary EI diagnosis; the disease history and the operation reports of 20 patients, operated with diagnosis of EI in IGUS AMS of Ukraine in 2004-2006 year.

Results:

The average age of the observed patients with EI diagnosis is $42,7 \pm 15,4$ year; men-276 (68.8%), women-125 (31.2%). The stimulus was elucidated in 57%. The number of unelucidated stimuluses is 43%. The percentage of gram-positive cases is 79.8%; staphylococcus and streptococcus are the most often cases among them. Corresponding value of gram-negative cases is 19.7%. The percentage of Mycoses is 0.6%. As a result of performed researches of EI stimulus sensibility towards different antibiotics, we have developed more effective scheme of empirical treatment of EI. According to the worked out scheme, the following medicines are effective and rarely cause resistance of microbs: lincomycines, macrolids, aminoglycosids, carbapenems and cefalosparins IV generation. The surgery treatment can be performed either on early stages with retaining high body temperature and bacterium, or after completion of antibacteriological course of treatment. The recommendations fore surgery intrusion are: 1) Progressing heart insufficiency 2) The unelucidable infection 3) The EI of the prosthetic valve 4) Repeating thromboembolical complications 5) Mycoses Endocarditis. The course of antibacteriological treatment should be repeated after the operation in full extent (7-15 days). The long term (4-6 weeks) after-operational treatment should be performed in case of vegetations, that has spread off the clapan and has reached the valve-around endocardis.

Conclusions:

It has been established that the causes of low stimulus elucidation percentage are the following: the antibacteriological treatment made prior to blood tests, the low sensibility of the stimulus elucidation environments, the blood take away rules violation, the endocarditis of right heart sections. The most spread stimuluses of EI are the grampositive microbs. Basing on the EI stimuluses' sensibility towards different antibiotics, the empirical treatment scheme is proposed. Most of patients with EI diagnosis are recommended surgery intrusion not only for the purpose of elimination of hemodynamical malfunction but also to eliminate the centre of EI in active phase, even in cases without progressing heart insufficiency.